

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MS</i>	<i>69864</i>	<i>4/24</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>5-4-00</i>
FORMALITY REVIEW	<i>M. M.</i>	<i>71624</i>	<i>6-21-00</i>
RESPONSE FORMALITY REVIEW	<i>M. M.</i>	<i>71624</i>	<i>8-29-00</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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